

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

JO
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/7/00/01

Rec'd
4/8/2000
DIAO, SW MRG

1020890

1. NAME: Morris
Last

Jennifer
First

J.
MI

2. BUSINESS PHONE: 225 389 1060
Area Code and Phone Number

3. BUSINESS ADDRESS: 732 North Blvd
Street and No. City Baton Rouge J.A. Zip 70806
State

MAILING ADDRESS: SAME
Street and No. City State Zip

4. EMPLOYER: Jennifer L. Morris, a PLC

5. EMPLOYER'S ADDRESS: 732 North Blvd. Baton Rouge J.A. Zip 70806
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group;
(d) whether or not the client or someone else pays you to lobby.

1. Name: Louisiana Association of Self Insured Employers

Address: Florida Blvd., Baton Rouge, LA

Business or purpose: Association for workers compensation self insureds and group SIFs

Does this person pay you? no

If No, who pays you? Individual association members

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2. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

3. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

4. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Yolanda M. Martin
Signature of Lobbyist

